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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

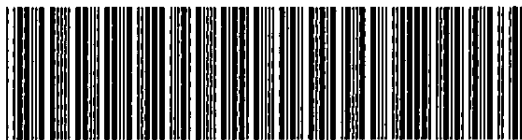
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**G. MCLEOD**  
MAY 30 2012  
**EXAMINER**



600235454496

05/29/12--01047--017 \*\*160.00

FILED  
12 MAY 29 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Amen Associates LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Allen Eisler  
Name of Person

Amen Associates LLC  
Firm/Company

3648 Thal Rd  
Address

Titusville Florida 32976  
City/State and Zip Code

aleisler@cfl.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allen Eisler at ( 856 ) 2078843  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Amen Associates LLC**

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

3648 Thal Rd  
Titusville  
Florida 32796

3648 Thal Rd  
Titusville  
Florida 32796

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Bryan Sorensen  
Name

210 Catalina Dr. Isle Dr.  
Florida street address (P.O. Box **NOT** acceptable)

Merritt Island FL 32958  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
12 MAY 29 AM 10:47  
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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

Bryan Sorensen  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

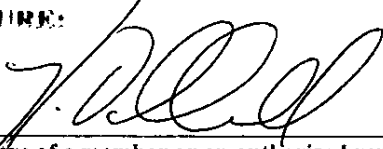
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGR</u>	<u>Allen W Eisler</u> <u>3648 Thal Rd</u> <u>Tomball, FL 32976</u>
<u>MGRM</u>	<u>Esther P. Eisler</u> <u>3648 Thal Rd</u> <u>Tomball, FL 32976</u>
<u>MGRM</u>	<u>Norman V Channell Jr</u> <u>134 Valencia Rd</u> <u>Rockledge, FL 32955</u>
<u>MGRM</u>	<u>Rose Michele Channell</u> <u>134 Valencia Rd</u> <u>Rockledge, FL 32955</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05-22-2012 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 609.400(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §817.155, F.S.)

Norman V Channell Jr  
Typed or printed name of signer

**Filing Fees:**

- §125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)